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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015449

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 88

Primary Registration District No. 5323

Registrar's No. 14

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 9 1963

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knob View</u>		Length of stay in 1b <u>2 yrs.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. S. W. Rosetta</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>RUSSELL</u> Middle <u>OTIS</u> Last <u>FIELDS</u>		4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/6/1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		11. BIRTHPLACE (City and state or country) <u>Pollard, Arkansas U.S.A.</u>	
13a. FATHER'S NAME <u>Lee Fields</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Bell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Charlyne Fields, Rt. 2, Cuba, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>That the deceased came to his death</u> by his own act, by the use of a gun Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>DUE TO (b)</u> <u>DUE TO (c)</u>		PART III. If deceased was female: was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>11:30</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11:30</u> a. to <u>11:30</u> a. and last saw her alive on <u>4/17/63</u> Death occurred at <u>11:30</u> a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or, if not, Registrar) <u>John L. Giles Sheriff</u>		22b. ADDRESS <u>Steelville, Missouri</u>	
22c. DATE SIGNED <u>4/17/63</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>4/17/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Piggott</u>		23d. LOCATION (City, town, or county) <u>Piggott Arkansas</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Frank Wood, Steelville, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>4/17/63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lickins</u>		26. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 10 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Steelville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.